

Approved For Release 2002/06/10 : CIA-RDP84-00360R000600020132-8  
D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 1082

U. S. COST REIMBURSABLE  
(Department, bureau, or establishment)  
Voucher prepared at \_\_\_\_\_  
(Give place and date)  
THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_  
To \_\_\_\_\_  
(Payee)

PAID BY  
ENCLOSURE #1  
SAPC ER606  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				415	58
Use continuation sheet(s) if necessary						415	58
Shipped from _____ to _____		Weight _____	Government B/L No. _____	Total			
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space)			
STATOTHR (Sign original only)				Differences _____			
Date 12/6/57 *Payee _____ (Signature or initials)				Amount verified; correct for _____			
Contract No. A101		Date _____	Req. No. _____	Date _____	Invoice Rec'd.		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  
† Approved for \$ \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_  
(Authorized Certifying Officer)  
SIGN ORIGINAL ONLY

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

STATOTHR